MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/857052**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			/				
2		/					52			/			~	
3		/					53			/				
4		/					54			/				
5		/					55			/				
6		2					56			/				
7		2					57			/				
8		1					58			/				
9							59			/				
10		/					60							
11		2					61			/				
12							62			/				
13							63			/				
14							64							
15							65							
16							66							
17							67							
18							68			/				
19							69			/				
20							70	/						
21							71		/					
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35	/						85							
36							86							
37			/				87							
38			/				88							
39			/				89							
40			/				90							
41			/				91							
42			/				92							
43			/				93							
44			/				94							
45			/				95							
46			/				96							
47			/				97							
48			/				98							
49			/				99							
50							100							
TOTAL IND.	2		5				TOTAL IND.							
TOTAL DEP.	36		33				TOTAL DEP.							
TOTAL CLAIMS	38		35				TOTAL CLAIMS							